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NOV 21 2005

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36257 7590 08/24/2005

**PARSONS HSUE & DE RUNTZ LLP**  
655 MONTGOMERY STREET  
SUITE 1800  
SAN FRANCISCO, CA 94111

11/22/2005 MAHMEDE 00000002 502664 09697025

01 FC:1501 1400.00 DA  
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<i>Sue Broomaghim</i>	(Depositor's name)
<i>Maryam</i>	(Signature)
November 17, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/697,025	10/26/2000	Mehrdad Nikoonahad	TNCR.183US0	3437

TITLE OF INVENTION: OVERLAY ERROR DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/25/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
STOCK JR, GORDON J		2877	356-399000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **PARSONS HSUE & DE RUNTZ LLP**  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**KLA-Tencor Technologies Corporation**

**Milpitas, California**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2664 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*JAMES S. HSUE*

Date November 17, 2005

Typed or printed name

Registration No. 29,545

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